

THE MAKING OF MULTIPLE PERSONALITY DISORDER: A SOCIAL CONSTRUCTIONIST VIEW

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ABSTRACT: This article explores the social construction of multiple personality disorder by analyzing professional agreements about the nature of the diagnosis, while locating these within their historical and cultural context. First, a historical review of the disorder traces various overlapping streams of discourse that have shaped the construction of the diagnosis. This is followed by a cross-cultural comparison of MPD and dissociative phenomena in several non-Western societies. The article concludes with some reflections on the cultural meanings of MPD in contemporary America.

KEY WORDS: multiple personality disorder; dissociation; dissociative identity disorder; social constructionism.

INTRODUCTION

As the title suggests, this article is about the making of a psychiatric diagnosis. It is not, however, about how multiple personality disorder is *made* in the sense of its being a fictitious or iatrogenic condition, manufactured by therapist suggestion. Rather, it is about the intimate and complex relationship between culture and psychopathology; the way in which multiple personality disorder and all psychiatric diagnoses are constructed within a matrix of social relationships and cultural meaning. In short, the aim of this article is to explore how cultural context has affected the way that multiple personality has been constructed as a psychiatric diagnosis.

Multiple personality is a controversial diagnosis. It has stirred up powerful feelings and reactions ranging from incredulity to fascination to fervent advocacy and conscientious clinical attention. It has evoked claims of epidemic and fad. This paper takes the position that the cred-

ibility of the suffering of people who have been diagnosed with MPD is not in question. Neither is the credibility of the diagnosis itself in question, at least when viewed within the context of modern Western psychiatry.

From a constructionist perspective, mental illnesses, multiple personality disorder included, are "real"; but as Kleinman (1988) points out "unlike other forms of the real world, they are the outcome of the creation of experience itself by physical stuff interacting with symbolic meanings" (p.3). When we reach general agreement about the definition of multiple personality, we may then call such conclusions "objective." However, when removed from the social discourse that determines frame of reference, the conclusions lose their meaning. So it is that spirit possession, a common and accepted phenomenon in some cultures, makes little sense in the context of present day North America. From the social constructionist perspective, the thing to be explained is not the genuineness of MPD, but rather the rise in cases of MPD, the response to MPD, and the controversy surrounding the diagnosis.

SOCIAL CONSTRUCTIONISM

With the publication of *The Social Construction of Reality*, Peter Berger and Thomas Luckmann (1966) presented a challenge to the 'givenness' of experience and the objectivism of science. Descriptions of "reality," according to Berger and Luckman, are not mirrored reflections; instead, in the process of describing, we interpret—that is, we "construct," reality. What's more, descriptions of reality, or bodies of knowledge, also influence the social context in which they are produced. In other words, there is a dialectical relationship between knowledge and its social context or base, wherein ". . . knowledge is a social product and knowledge is a factor in social change" (Berger & Luckmann, 1966, p.87).

In a similar vein, Thomas Kuhn (1962) argued that scientific theories represent meanings that are socially negotiated or constructed. In *The Structure of Scientific Revolutions*, Kuhn challenged the traditional view of the rational progress of science, which held that scientific discoveries are made through a process of neutral observation, independent from theoretical framework. Describing the process by which "paradigm shifts" occur in the scientific community, Kuhn (1962) maintained that ". . . though the world does not change with a change of paradigm, the scientist afterward works in a different world" (p.120). Scientific interpretations are refracted through a particular conceptual lens, and in this way such interpretations, as Kuhn says, "presuppose a paradigm." In short, according to Kuhn (1991) "no more in the natural than in the

human sciences is there some neutral, culture-independent, set of categories within which the population—whether of objects or of actions—can be described” (p.21).

As an interpretive method, social constructionism provides a lens through which to analyze bodies of knowledge or scientific theories. However, the aim in social constructionism is not to prove or disprove the theories’ accuracy or validity. Rather, such analysis, according to Berger and Luckmann (1966), “would bracket the question of the “scientific validity” of these theories and simply look upon them as data for an understanding of the subjective and objective reality from which they emerged and which, in turn, they influence.” (p.188) From the perspective of social constructionism, theory and the concepts that provide the basis for research become open to such analysis. As Gergen (1985) suggests, psychological theories

become problematic as potential reflectors of an internal reality and become themselves matters of analytic interest. Professional agreements become suspect; normalized beliefs become targets of demystification; “the truth” about mental life is rendered curious. Or, in a slightly different light, the contemporary views of the profession . . . become candidates for historical and cross-cultural comparison. From the constructionist perspective they often constitute a form of ethnopsychology, historically and culturally situated, institutionally useful, normatively sustained, and subject to deterioration and decay as social history unfolds” (p.271)

Following Gergen’s lead, this article will explore the social construction of multiple personality disorder by analyzing “professional agreements” about the nature of the disorder, while locating these within their historical and cultural context. Beginning with a history of multiple personality disorder, several overlapping historical streams, which together have helped to shape the construction of the diagnosis will be described. This will be followed by a cross-cultural comparison of multiple personality disorder and dissociative phenomena that occur in non-Western societies. The article will conclude with some thoughts about the cultural meaning of MPD in contemporary American society.

A HISTORY OF MULTIPLE PERSONALITY DISORDER

Once thought to be a rare and exotic condition, multiple personality disorder has gained increasing notoriety and become a fairly common, perhaps even fashionable diagnosis in this country. This change is reflected in the professional literature where reports of MPD have burgeoned—averaging only one citation per year between 1791 and 1970, compared to nine citations per year between 1971 and 1980, and 60 cita-

tions per year between 1981 and 1990 (Gottelman, Greaves, & Coons, 1992). At the same time, multiple personality disorder has also increasingly made its way into the popular culture. MPD has become the subject of books, talk shows, television movies, documentaries, and magazine articles; characters with MPD have appeared in soap operas, and in one of the recent Batman movies; actress Roseanne Barr has declared that she is suffering from the disorder; and MPD support groups have sprung-up on the Internet.

As this article will argue, heightened professional and public awareness of MPD have contributed to current constructions of the diagnosis. But what accounts for the increased attention in the first place? The following history of MPD will explore several overlapping historical events and influences—a nexus of mutually determinative causal factors that has simultaneously brought attention to and shaped the diagnosis.

A Prototypical Illness Narrative: The Case of "Sybil"

In the early 1970's, a widely publicized case of multiple personality disorder, *Sybil* (Schreiber, 1973), provided what Good (1992) calls a "prototypical illness narrative" for the condition. Prototypical illness narratives, according to Good are "paradigmatic cases that come to serve clinicians (and thus the public) as prototypes for a form of disorder" (p.191). Such cases contribute to the development of what Michels (1983) refers to as "inner cognitive maps," which prompt therapists "to look for certain kinds of material, and to search for it when it is not immediately apparent" (p.130–31).

Sybil's psychiatrist, Cornelia Wilbur, traced her patient's multiple personality to childhood abuse at the hands of her disturbed and sadistic mother. In treating Sybil, Wilbur actively worked to retrieve childhood memories of the abuse. In this way the case not only helped clinicians to recognize MPD, it also served to directly link childhood trauma and sexual abuse to MPD. Testifying to Wilbur's influence on current clinical conceptions of MPD, Loewenstein (1993) credited her with initiating a "scientific revolution" that led to a "post-Wilburian paradigm" that viewed multiple personality disorder as a "severe dissociative post-traumatic developmental disorder" (p.53).

Sybil was not the first case of multiple personality to receive widespread professional and public attention. In 1957, sixteen years before the publication of *Sybil*, another account of multiple personality, *The Three Faces of Eve* (Thigpen & Cleckley, 1957), became a best selling book and later a movie. However, neither the professional journal article published by Thigpen and Cleckley (1954), "Eve's" psychiatrists, nor their subsequent popularized book seems to have caught on in the way

that *Sybil* did. As Hacking (1995) points out, "in order for multiple personality to take off, it needed a larger cultural framework within which it could be explained and located. This framework was child abuse" (p.40–41). In other words, because it appeared at a time when child abuse had begun to capture the American imagination, *Sybil* found a cultural 'fit' that *The Three Faces of Eve* did not.

The Politicization of Sexual Abuse

In the years since *Sybil*, the issues of child abuse in general and sexual abuse in particular have continued to gain widespread professional and public attention and cultural resonance. The recognition of childhood physical and sexual abuse as a serious and growing problem in this culture has spawned a clinical response focusing on trauma and recovery. Sexual abuse accounts in particular have become accepted forms of articulating the suffering of a growing number of women, and such accounts provide compelling explanations for a range of psychiatric problems, including multiple personality disorder.

In contemporary American society, sexual abuse stories have become paradigmatic stories of family trauma; stories with what seems to be great explanatory power especially when it comes to describing women's suffering. Women who have been victims of abuse are encouraged to speak up and therapists and the public are encouraged to listen and believe; in short, the issue has become politicized. Discussing this politicized atmosphere surrounding child abuse and its effect on the recognition and acceptance of multiple personality as a bonafide psychiatric syndrome, Kluft (1991) writes:

Feminism made a most powerful impact. It sensitized the mental health professions to the hitherto unacknowledged high incidence of child abuse, incest, and the exploitation of women. Increasingly clinicians are listening to their adult patients' accounts of childhood abuse without discounting them in advance as fantasies. MPD is primarily a disorder of sexually abused women; in this atmosphere, its recognition has soared" (p.162).

In light of the politicized contemporary view of child abuse as a widespread social ill perpetrated on hapless victims it becomes clear why unlike other historically defined "women's disorders" such as hysteria and borderline personality disorder, multiple personality disorder has taken on a certain heroic, dignified quality. However, there is another side to consider in this focus on abuse to the exclusion of other aspects of a person's internal and external experience. As Haaken (1996) suggests in her feminist analysis of sexual abuse and psychic trauma, "politically and psychologically, it is more difficult to advance grievances

around the deprivations, absences and constraints that characterize women's oppression than around sexual invasions" (p.1089).

In her fictionalized account of MPD entitled *Splitting*, Faye Weldon (1995) makes a similar point about the social constraints that prevent women from directly expressing unacceptable aspects of their personality. In her novel, Weldon's protagonist "splits" into five alter personalities. One is an angry, assertive male, while of the remaining female alters, one is promiscuous, one prim and proper, one efficient and scheming, and one a compliant, conscientious worrier. (Interestingly, it is the male alter, "Ajax" who names the "multiple personality," and is dubbed "the expert on multiple personality" by the female alters.) Weldon's novel is not so much a story about MPD as it is a pointed social critique on the social constraints and expectations that color the experience of being a woman in our culture. As one of the protagonist's alter personalities puts it, "Women tend to be more than one person . . . Men get just to be the one." (p.228)

Both Welding and Haaken remind us that the gendered nature of MPD may have cultural meaning beyond the fact that women are more often the victims of childhood sexual abuse than men. As feminist analysis of the history of psychiatry has revealed, the association between women and "madness" is a long-standing one. In light of the historical powerlessness of women, "women's disorders" such as hysteria have been conceptualized as forms of feminine rebellion. At the same time, as Showalter (1985) suggests, because they are "typically situated on the side of irrationality, silence, nature and body, while men are situated on the side of reason, discourse, culture and the mind" (p.3) women often act as repositories for the anxieties and disavowed irrationality of a patriarchal culture.

Although feminism and the politicization of child abuse have helped to bring increased attention to the problem of women's and children's exploitation, the extent to which childhood trauma is responsible for adult psychopathology has been the subject of debate throughout the history of psychiatry. As Herman (1992) points out, the study of psychological trauma has a history that has been punctuated by periods of "episodic amnesia." Herman goes on to suggest that psychological trauma ". . . provokes such intense controversy that it periodically becomes anathema . . ." (p.7). This argument has been used to explain why Freud abandoned his original seduction theory, which linked childhood sexual abuse with hysteria, in favor of a more socially palatable theory that implicated *fantasied* sexual seduction in the genesis of hysteria (Masson 1984).

Today, we live in a less sexually repressive social climate in which people have been sensitized to the plight of exploited women and children. This has allowed theories that focus on the effects of childhood

abuse or trauma to flourish, in spite of continued controversy over the role of trauma in the genesis of psychopathology. However, theory not only develops within the sweep of general history, but also within the context of a particular discipline's own history of ideas. The following section will trace several events and trends in the psychiatric profession's history of ideas, which have also helped to shape the multiple personality diagnosis in contemporary North American culture.

Reviving Janet: Henri Ellenberger's Influence

Through his mammoth history of dynamic psychiatry, *The Discovery of the Unconscious*, Henri Ellenberger (1970) has been widely credited with influencing current clinical thinking about multiple personality disorder (Hacking, 1995, pp.44–45; Frankel, 1996, p.64). In his book, Ellenberger devoted a good deal of attention to describing, classifying, and tracing changing perceptions of multiple personality and their relation to the evolution of various theories of psychoanalysis. He wrote that during the nineteenth century the concept of the "soul" was replaced by the notion of the "unconscious," and what had earlier been viewed in religious terms as possession began to be seen as multiple personality.

As Ellenberger tells it, the "first dynamic psychiatry" of the nineteenth century, largely concerned with developing models of the mind that were informed by phenomena such as multiple personality and hypnosis, conceived of the mind as being composed of conscious and unconscious realms. Hypnosis was seen as a way to access the unconscious and multiple personality was taken to be a manifestation of the duality or split between conscious and unconscious processes. In the "new dynamic psychiatry" of the twentieth century, hypnosis was augmented by other techniques like free association. At the same time, multiple personality was largely replaced as a diagnostic category by hysteria, which was seen as the result of psychic conflict that had been "repressed" or consigned to the unconscious and replaced by symptoms.

In charting these paradigm shifts, Ellenberger describes how early dynamic theorists like Janet were later eclipsed by Freud and his disciples. Janet's theory emphasized the role of real life trauma in the genesis of "the permanent state of dual personality" that came to be known as hysteria. Janet identified the process by which unbearable trauma was first buried in the unconscious and then manifest in hysterical symptoms as "dissociation." He used hypnosis to uncover the trauma and reverse the unconscious process of dissociation. Later, Freud introduced his sexual theory of hysteria which implicated the defensive process of "repression" of instinctually driven, unacceptable impulses or wishes in the development of hysterical "conversion symptoms."

As Hacking (1995, p.45) suggests, Ellenberger unwittingly helped to legitimize the recent multiple personality movement in this country. For example, psychiatrist Richard Kluft (1991), a recognized authority on multiple personality disorder, whose prolific writings helped bring widespread attention to the disorder, describes having been inspired by Ellenberger's history. Current theories of MPD have revived portions of Janet's thinking, in particular his focus on the role of dissociation and exogenous trauma in the genesis of MPD. Before describing the nature of current theories of multiple personality disorder and their indebtedness to Janet in more detail, several other trends in the history of psychiatry that have also influenced current constructions of multiple personality disorder will be described.

From the Psychoanalytic to the Biomedical: A Shift in Dominance

Over the past twenty-five years there has been a shift in dominance from psychoanalytic discourse that focuses on affective and psychological processes to biological approaches that focus on cognition and symptom description (Good, 1992, p.181). This change has altered psychiatric conceptualizations of psychopathology and has had considerable impact on current clinical constructions of multiple personality disorder.

Until the 1960's, psychoanalytic theory was virtually hegemonic in clinical practice and research. This meant that the neuroses—hysteria, anxiety disorders, and depressive disorders—were viewed more as a spectrum than as discrete disorders. However, a growing discontent with the imprecise, seemingly unscientific nature of psychoanalytic thinking precipitated a shift toward a more disease-oriented, medical model system for classifying forms of psychopathology.

The results of this shift began to be evident with the DSM-II (1968) and were strikingly apparent in the DSM-III (1980), which signaled a return to a descriptive, symptom-based, classification system, akin to that which was first developed in the nineteenth century by German psychiatrist Emil Kraepelin (Blashfield, 1984; Wilson, 1993). In the "Neo-Kraepelinian" DSM-III formulations, the neuroses became "disorders"—discretely occurring syndromes—each with its own particular psychobiology, cause, course, and treatment. The DSM-III revisions marked a pendulum swing in psychiatry—away from the Freudian emphasis on affective and psychological *process*, and toward a more linear, positivist focus on discrete *disorders* and symptom description.

With regard to multiple personality, changing conceptions and professional recognition are reflected in the series of redefinitions the disorder has undergone in the DSM. The first edition, published in 1952 makes no mention of multiple personality disorder but includes "Dissociative Reactions" as a subcategory under the "Psychoneuroses." The

1968 edition mentions multiple personality under the category of "Hysterical Neuroses," sub-heading "Dissociative Type." In the DSM-III and its later revision, the DSM-III-R, multiple personality appears under the major category, "Dissociative Disorders." This change in the DSM-III meant a shift in prominence for the dissociative disorders, and as Frankel (1996, p.64) suggests, may also have been a significant factor in bringing increased attention to the dissociative disorders, including MPD. In the DSM-IV (1994), multiple personality the Dissociative Disorders. According to the DSM-IV, DID is characterized by "the presence of two or more distinct identities or personality states that recurrently take control of the individual's behavior, accompanied by an inability to recall important information that is too extensive to be explained by ordinary forgetfulness." (p.477)

To summarize, in the theory-neutral DSM-III and its later revisions, there was no longer any mention of the unconscious manifestations of anxiety that, according to psychoanalytic thinking, were at the root of the neuroses. Instead, the focus turned to categorization of psychopathology, including the neuroses on which Freud based his psychoanalytic theory, into a coherent nosological system—a goal, which as Kihlstrom (1994) points out, had been shared by Janet some eighty years earlier. According to Kihlstrom, Janet's hope was ". . . to do for the neuroses what Kraepelin had done for the psychoses . . ." (p.368). In this way, Janet anticipated the later shift away from Freud and toward a Neo-Kraepelinian diagnostic scheme. Likewise, Janet's theorizing about the workings of the mind also foreshadowed recent trends in psychiatry.

In Janet's (1889) theory, the mind is made up of what he called "psychological automatisms"—clusters of perceptions and thoughts that are available to conscious awareness and accessible to voluntary control. As a reaction to stress or trauma, one or more of the psychological automatisms is split off or dissociated from conscious awareness and control. As mentioned earlier in this paper, Janet's thinking has recently been revived as an explanatory theory for the dissociative disorders including multiple personality.

Cognitive Models of the Mind: Hilgard's Neo-Dissociation Theory

The first new formulations of Janet's ideas had a decidedly cognitive spin to them. In part, this has to do with changing conceptions of the workings of the brain that viewed mental process in terms of "information processing"—akin to that of a computer. Primary among these revisitations of Janet's concept of dissociation of mental contents was Hilgard's (1977) "neo-dissociation" theory. Through his research on hypnosis, Hilgard (1994) described discovering that a hypnotized individual who is not overtly aware of sensory stimulation may still be registering

it on some level—what Hilgard termed the “hidden observer” effect. From the hidden observer phenomenon, Hilgard inferred the existence of a group of “subordinate cognitive systems” that are managed by a hierarchical control system with an “executive ego” or “central control structure” at the top. In dissociation, the “subordinate cognitive systems” are disconnected from consciousness by an “amnesia-like barrier.” This gives rise to a situation where two parallel streams of conscious thought can exist side by side; hence the description of dissociation as a vertical split.

In contemporary psychiatric literature, the concept of dissociation remains an ambiguous one. As Lowenstein and Ross (1992) note, dissociation is used to describe an assortment of psychopathological phenomena including a subjectively experienced dividedness of self as occurs in multiple personality disorder along with: “a disjunction of ideation and manifest affect; spontaneous autohypnotic phenomena such as trances, age regressions, or perceptual alterations; amnesia or fugue; and alterations in consciousness” (p.10). Brenner (1994) defines dissociation as a “defensive altered state of consciousness due to autohypnosis, augmenting repression or splitting. It develops as a primitive, adaptive response of the ego to the overstimulation and pain of external trauma . . .” (p.841). Dissociation has further been described as a process that occurs on a continuum which includes “normal” experiences such as simple daydreaming at one end and psychopathological experiences such as the development of alter personalities at the other. Currently multiple personality disorder has been conceptualized as the most extreme form of the dissociative disorders.

THE TRAUMA-DISSOCIATION MODEL

As this paper has argued, several overlapping historical events and trends have influenced current constructions of the multiple personality disorder diagnosis. Heightened public and clinical awareness of the exploitation of women and children and the pernicious effects of psychological trauma set the stage providing a cultural ‘fit’ for theories that focused on trauma; *Sybil* provided a prototypical illness narrative or paradigmatic case of multiple personality disorder; Ellenberger’s history reawakened interest in Janet and paved the way for an explanatory theory that emphasized dissociation and trauma—a development that was also helped along by the shift in dominance from psychoanalytic theory to a more bio-medical approach in psychiatry. The outgrowth of this historical dialectic is what will be referred to in the remainder of this article as the trauma-dissociation model of multiple personality disorder.

According to the trauma-dissociation model, the child who is consti-

tutionally pre-disposed defends against overwhelming traumatic experiences by splitting-off or dissociating the memories of such experiences from consciousness. The dissociated memories then become part of an alter ego state or alter personality held apart from awareness by an amnestic barrier. This protects the individual from remembering the abuse except through periodic, fragmentary re-experiencing of the trauma by the alters in whom the memories reside (van der Kolk, 1987; Davies and Frawley, 1991).

In addition to MPD, the trauma-dissociation model has increasingly been used to explain a widening range of psychiatric disorders. Diagnoses and symptom pictures that were once considered to be variations of hysteria—such as dissociative conditions, somatization disorder, borderline personality disorder, and post traumatic stress disorder are now conceptualized as having in common the mechanism of dissociation (Butler, Duran, Jasiukaitis, Koopman, Spiegel, 1996), as well as sharing an etiology that includes childhood trauma (Herman, 1992, p.123). Likewise, some eating disorder cases have also been linked to childhood trauma and dissociation (Butler, Duran, Jasiukaitis, Koopman, Spiegel, 1996).

Not surprisingly, the encroachment of the trauma-dissociation model on the boundaries of established diagnoses and explanatory theories of psychopathology has sparked controversy. For example, Frankel (1994), cautioning against relying on the model to the exclusion of other factors that might also explain MPD, suggests that “. . . in addition to the influence of ideas, suggestibility, and the imagination on the inner experience of the patient, the clinical picture is affected by the nature and determinants of his or her interactions and unspoken dialogue with relevant others” (p.84). In a similar vein, one psychoanalytically oriented clinician complains that “exogenous trauma theory gives short shrift to the important contributing influence of unconscious intrapsychic conflicts over the expression of sexual and aggressive instinctual drives in the creation of compromise symptoms” (Ganaway 1994, p.324).

In his description of paradigm shifts, Kuhn (1962) states that “. . . if a paradigm is ever to triumph it must gain some first supporters, men who will develop it to the point where hardheaded arguments can be produced and multiplied . . . rather than a single group conversion, what occurs is an increasing shift in the distribution of professional allegiances” (p.157). In professional disagreements such as those that have arisen around the trauma-dissociation paradigm, there is often a sub-text that has to do with claims-making efforts between constituencies with competing theoretical orientations and allegiances. However, as this paper has suggested, the success of a claim has to do not only with the social power wielded by the claims—making constituents but also with the historical and social context that allows such claims to resonate

within the culture (Reinarman 1988). The remainder of this paper will discuss various cultural meanings of dissociative phenomena and the trauma dissociation model.

CROSS-CULTURAL STUDIES OF DISSOCIATION AND MPD

The so-called dissociative states have long been a subject of interest and cross-cultural research among anthropologists. Such research has indicated that the way in which "dissociative" phenomena have been constructed differs according to the culture and historical period in which they are located. For example, researchers in India found that multiple personality is a very rare diagnosis in that country, while "possession syndrome," wherein the afflicted person seems overtaken by the spirits of dead relatives, is quite common (Adityanjee, Raju & Khandelwal, 1989). On the basis of these findings the researchers concluded that religious beliefs in polytheism and reincarnation make possession a culturally prescribed response to distress in India whereas socially sanctioned role-playing in the West may account for the greater incidence of multiple personality as a psychiatric disorder.

Other examples of cross-cultural studies of dissociative phenomena include Godfrey Lienhardt's (1961) classic description of the possessing divinities of the Dinka, and Janice Boddy's (1989) mid-1970's study of women in a Sudanese Arab village who felt themselves to be possessed by "zar" spirits. In commenting on anthropologists' long-standing fascination with "dissociated states," Robert Levy (1992) suggests that:

The clients of native healers—as did the patients of turn-of-the-century and early-twentieth century Western healers—represent the kinds of "mental disorders" that anthropologists most frequently encounter in their studies. These are the "dissociated states," which are the basis for the common and intimately interactive experience of native curers and patients, and which are an important local warrant for the reality of the supernatural. These and some closely related phenomena, constitute the "hysteria" of Western diagnosis. (p.212)

As Levy's interpretation implies, the way in which such "dissociative states" are understood and responded to is shaped by the relationship between the healer and patient, which in turn is shaped by the larger sociocultural context. In his study of the possessing divinities of the Dinka, Lienhardt (1961) describes how the healer calls upon the spirit to name itself. As the spirit takes form, it materializes into a world of what anthropologist Byron Good (1992) refers to as "*symbolic complexes . . . domains of symbolized experience—not of isolated symptoms, but into a world in which a symptom, that is, a symbolized experi-*

ence, *already belongs* to a cultural domain, a domain of intersubjective meanings, a network that entails a complex of symbolized meanings" (p.197). Hence, according to Good, culture exerts a tremendous force on the experience and expression of symptoms. And, as Good further argues, what is extraordinary about DSM-III style symptom descriptions is that they fail to recognize the "*semantic domains*" in which particular illnesses reside, "the naive assumption that biology continues to show itself iconically, the naive unawareness that nature irrupting in the self is quickly socialized, and that symptoms themselves are socialized articulations" (p.197-8).

As Krippner (1994) suggests, although "dissociation" has been used to describe and explain certain observed phenomena including MPD, these phenomena are labeled and understood differently depending on the culture in which they're located. Drawing from his cross-cultural research on dissociative phenomena, Krippner speculates that MPD and dissociation may involve a physiological predisposition that, "if activated by trauma in a society where there is an awareness of MPD, spawns alters" (p.351). Elaborating on this cross-cultural view in his social constructionist study of MPD, Martinez-Taboas (1991) asserts that there may be a cultural fit between MPD and societies where the individual is viewed as having a self with a rich interior life and separate individual experience as opposed to societies where the self is viewed as social and interdependent. Similarly, Kleinman (1988) suggests that the rationalizing influences of the secular Western world have led to the development of an interiorized self which is able to observe and comment on lived experience while remaining essentially distanced from it. This "alienated metasef," writes Kleinman,

is rendered inaccessible to possession by gods or ghosts; it cannot faint from fright or become paralyzed by humiliation; it loses the literalness of bodily metaphors of the most intimate personal distress, accepting in their place a psychological metalanguage that has the appearance of immediacy but in fact distances felt experiences; the self becomes vulnerable to forms of pathology (like borderline and narcissistic personality disorders) that appear culture-bound to the West" (p.50).

MPD AND THE TRAUMA-DISSOCIATION MODEL: PAST AND PRESENT CULTURAL MEANINGS

As cross-cultural studies suggest, different cultures produce variations in the way that "dissociative" phenomena are experienced and expressed as well as differences in the way such phenomena are described and explained. Different historical periods also reflect such variations.

In terms of the way multiple personality has been conceptualized by Western psychiatry in the past two centuries, the split or double personality of the mid-nineteenth century looks strikingly different from the multiple personality of today. What were once two personalities became three, which then became an ever increasing number so that the average number of alters today is said to be in the teens, with extremes ranging in the hundreds.

If the double personality of the nineteenth century is in fact a variation or relative of present day multiple personality, then it seems a fairly distant one, shaped as much by the culture of its time as our great grandparents were by their different worlds. So it is that cases of multiple personality in nineteenth century America tended to involve only two personalities, representing what Kenny (1986) calls the "Christian dualisms" of good and evil, while the multiple personality of late twentieth century America involves a confusing menage of many personalities or "alters" residing in the same individual.

Kenny (1986) utilizes a historiographic approach to reconstruct several nineteenth century cases of multiple personality in an effort to understand how the phenomenon is influenced by social and historical context. This research leads him to conclude that multiple personality is a social construct, an "idiom of distress" which "articulates the inarticulate and brings the underlying problem—whether mental, physical or both—into a public context where it can be dealt with by culturally appropriate means; it defines a problem and does so in terms expressive of current perceptions about the nature of the person in illness and health." (p.10)

It would seem that at this place and time in American history the concept of multiple personality has effectively made its way into the popular and professional culture so that it has become what Kenny (1986) calls, "a socially sanctioned way of expressing distress." It could even be argued that multiple personality provides the perfect metaphor for a postmodern world; a world of psychological explanations, where everything is fragmented and open for interpretation; where adherence to strict moral interdictions has been replaced by what Philip Rieff (1966) characterizes as the perilous "triumph of the therapeutic." According to Rieff, modern culture, shorn of a "consensus of shalt nots," fails to provide people with guidelines for behavior and self-definition, instead leading them to the brink of an "abyss of possibility." As Muller (1991) suggests, Rieff's depiction of modern culture describes a "deconverting of the individual from inherited religious and historical commands and understandings, [that] makes the mind open and pliable, rather than stable and trustworthy" (p.50).

Moreover, in a culture where people are cut-off from community and intergenerational family ties, the family of origin becomes all-important.

In this context human identity or personality is determined by the developmental stages of the individual as mirrored by the family. Thus the individual knows his or her self via the developmental milestones that occur within the realm of the family unit, a kind of telescoping of experience into the personal/familial domain. The dynamics of family life become defining, culturally-prescribed blueprints for individual identity. In the case of multiple personality, the alters are said to be "born" at different ages, and they sometimes remain frozen at that developmental level. There is a quite literal limning of the individual into a walking photo album, chronicle, pictorial representation of the dysfunctional, abusing family from which she has sprung. Hence, cultural preoccupation with family, its disintegration, its dysfunction, its purpose and problems, becomes reflected in multiple personality.

There is yet another overarching cultural theme that also adds to the resonance of psychological trauma in contemporary culture. This has to do with the notion that modern life can in itself be experienced as traumatic. Kai Erikson (1976) makes this point when he describes four effects of modernization that he says make the "traumatic neuroses" the "clinical signature" of our time, just as sexual neuroses were in the early 1900's and character neuroses were in the mid part of this Century. In an age characterized by moral relativism, impotence, sensory overload, a sense of disconnection from others, and loss of the psychological buffer that community provides, people begin to feel assaulted by the conditions they encounter in their daily lives. In short, people exist in what is akin to a state of chronic trauma. Hence the traumatic neuroses become culturally resonant "idioms of distress" in our late twentieth century world. Moreover, it may be that for some people, dissociation is the only thing left in our secular culture that produces the same flight from spatiotemporal constraints or trauma that religious experiences once did (Derakhshani, 1997).

CONCLUSION

The trauma-dissociation theory of multiple personality disorder has increasingly become a part of the clinical and cultural landscape. It has both expansive explanatory range and cultural resonance. It reflects cultural preoccupation with the effects of trauma, power, and domination, as well as fears of fragmentation, loss of order, and the need to escape from overwhelming demands and circumstances.

The simplicity of the trauma-dissociation model likewise speaks to cultural influences. Unlike other psychiatric diagnoses such as borderline personality disorder and hysteria, MPD has a more accessible, knowable, concrete quality about it, as do the theories and treatments

used to explain and deal with the disorder. Freud's depth psychology, in which problems are buried in the unconscious, is being overtaken by attention to conscious processes—as evidenced by recent computer analogies that depict the mind as information processor. This is reflective of a general shift in psychiatry from a more time-consuming focus on the *meaning* of psychological processes and symptoms for the afflicted individual to a medical model-style focus on discretely occurring diseases or symptom clusters with clear-cut etiologies and treatments.

Ultimately, multiple personality has sparked controversy not only because it is a bizarre and compelling syndrome and one that seems to cause great suffering to the afflicted individual, but also because it invariably stirs—up questions about professional competence and expertise. Embedded in the debate are issues of professional rivalry, claims-making, and jostling for theoretical prominence. In this sense, such debates about psychiatric nosology are really a way of posing questions about what will count as official knowledge. The MPD controversy that has divided the mental health community can also be understood as evidence of a transition from what Kuhn calls “a paradigm in crisis” to a new one.

Whether the trauma-dissociation model stands the test of time or gives way to a new paradigm shift remains to be seen. Meanwhile, the model has served as a reminder that there is a world beyond our own internal psychological borders; a world that we both create and are created by; and sometimes a world that impacts on the individual and on the society at large, in the most pernicious of ways. In short, the trauma-dissociation model provides a way of expressing the dark side of familial and cultural fragmentation and at the same time provides a culturally resonant way to make sense of and attempt to deal with these problems. Moreover, the cultural fault lines that MPD and the trauma dissociation model illuminate—fault lines that are especially perilous for the vulnerable and oppressed in our society—point toward multiple potential points of intervention for social workers. After all, social workers have long been attuned to the intimate interplay between the individual and the social world which he or she both constructs and is constructed by.

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